PTO/SB/81A (12-08)
Approved for use through 11/30/2011, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no perso	ins are required to resp	ond to a co	ilection of informatic	n uniess il displ	ays a valid OMB control number.
PATENT POWER OF ATTORNEY				7,655,047	
OR		Issue I	Date	February 2, 2010	
REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		First Na	amed Inventor	Greg Swords	
		Title CRANIOFACIAL IMPLANT			
		Attorney Docket No. TRAUMA 3.3-605			A 3.3-605
I hereby revoke all previous powers of attorney given in the above-identified patent.					
A Power of Attorney is submitted herewit					
X I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
OR	elow as my/our atto	rney(s) o	r agent(s) with n	espect to the	patent identified
above, and to transact all business in the United States Pate		Practitioner(s) Name			Registration
Practitioner(s) Name	Number	Practitioner(s) Name		attie	Number
Please recognize or change the correspondence address for the above-identified patent to:					
X The address associated with the above-i	mentioned Customs	er Numbe	er.		
OR			ï		
The address associated with Customer No	ımber:				
OR	L				
Firm or					
individual Name					
Address					
City	State		Zip		
Country	Telephone		Email	1	
I am the:					
Inventor, having ownership of the patent,					
OR					
X Patent owner.					
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on					
SIGNATURE of Inventor or Patent Owner					
Signature Date 11/3/12					
Name Al Zarnowski Telephone 201-831-5570					
Title and Company Vice President, Intellectual Property, Howmedica Osteonics Corp. NOTE: Signatures of all the reventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more					
NOTE: Signatures of all the inventors or patent owner than one signature is required, see below*.	s of the entire interes	ortheirn	epresentative(s) ar	e required. Sui	amit multiple forms if more
*Total of forms are	submitted.				